U. S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 31007

2005 SEC USE ONLY Serial DATE RECEIVED

RECEIVED

Name of Offering (cl ECNext, Inc. Private Place	neck if this is an amendment cement (Series D Prefe		d, and indicate change.)	
Filing Under (Check box(es) that	at apply): Rule 504	Rule 505 _X F	Rule 506 X Section 4	(6) <u>X</u> ULOE
Type of Filing: X New Filing	ng Amendment			
	A.	BASIC IDENTIFIC	ATION DATA	
Enter the information reques	sted about the issuer			
Name of Issuer (_ check if ECNext, Inc.	f this is an amendment and	name has changed, ar	nd indicate change.)	
Address of Executive Offices 9200 Worthington Road	· · · · · · · · · · · · · · · · · · ·	Street, City, State, Zipe, Ohio 43082	Code) Tele	phone Number (Including Area Code) (614) 682-5103
Address of Principal Business (if different from Executive Off		Street, City, State, Zip	Code) Tele	phone Number (Including Area Code)
Brief Description of Business				
e-commerce service pro	vider to the commercia	al content industry		5 (REPUT BETER BUILD EDITE BUILD BETER BUILD BETER BUILD BETER BUILD BETER BUILD BETER BUILD BETER BUILD BUILD
Type of Business Organization ⊠ corporation	n ☐ limited partnership, alr	eady formed	other (please specify):	
business trust	☐ limited partnership, to	be formed		05057678
Actual or Estimated Date of In	corporation or Organization:	Month Year		Estimated
Jurisdiction of Incorporation or	•	two-letter U.S. Postal a; FN for other foreign	Service abbreviation for jurisdiction)	State:
CENEDAL INCTDUCTO	ONC			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director _	General and/or Managing Partner
Full Name (Last name first, if in Smith, Randall K.	dividual)				
Business or Residence Address (N 7218 Donnybrook Dri					
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if in Jenkins, George L.	dividual)				
Business or Residence Addres 9200 Worthington Ro		treet, City, State, Zip Code)), Westerville, Ohio 4308	2		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if in Rosich, Mitchell	dividual)				
Business or Residence Addres 9200 Worthington Ro		treet, City, State, Zip Code)), Westerville, Ohio 4308	2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if in Kahn, Marty	dividual)				
Business or Residence Addres 9200 Worthington Ro		treet, City, State, Zip Code) D, Westerville, Ohio 4308	2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if in Hélou, Francois	dividual)				
Business or Residence Addres 9200 Worthington Ro		treet, City, State, Zip Code) D, Westerville, Ohio 4308	2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	x Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if in Springer, Pamela	dividual)				
Business or Residence Addres 9200 Worthington Ro	s (Number and S ad, Suite 300	treet, City, State, Zip Code) J. Westerville, Ohio 4308	2		
Check Box(es) that Apply:	Promoter	x Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir Athenian Venture Par					
Business or Residence Addres Technology & Enterpr		treet, City, State, Zip Code) 20 East Circle Drive #37 (Use blank sheet, or copy and use a			

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Athenian Venture Partners I L.P.									
Business or Residence Address (Number and Street, City, State, Zip Code) Technology & Enterprise Building, 20 East Circle Drive #37146, Suite 229, Athens, Ohio 45701									
Check Box(es) that Apply: Promoter	Beneficial Owner	_x Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Perkins, Michael									
Business or Residence Address (Number and 9200 Worthington Road, Suite 30		2							
Check Box(es) that Apply: Promoter	Beneficial Owner	x Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Tanner, William									
Business or Residence Address (Number and 9200 Worthington Road, Suite 30		2							
Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) U.S. Group/Midwest									
Business or Residence Address (Number and 6525 W. Campus Oval, Suite 150		4							
Check Box(es) that Apply: Promoter	x Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) AVP Ohio Technology I LP									
Business or Residence Address (Number and Technology & Enterprise Building		146, Suite 229, Athens,	Ohio 45701						
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number and	Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number and	Street, City, State, Zip Code)			•					
	(Use blank sheet, or copy and use a	additional copies of this sheet, as r	necessary)						

				В.	INFORM	IATION A	ABOUT C	DEFERIN	G				
												Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							···· <u>-</u> -	<u>X</u>				
	,	•		Ans	wer also in A	ppendix, Col	umn 2, if filin	g under ULC	E.				
2.	What is the	minimum inve	estment that	will be accep	oted from any	individual?						\$ 1	√A
				,	,							Yes	No
3.	Does the off	ering permit j	oint ownersh	ip of a single	unit?					••••••		_ <u>x</u>	
4.	remuneration or agent of a	n for solicitati	on of purcha ealer register	sers in conne ed with the S	ection with sa SEC and/or w	ales of secur	ities in the of r states, list t	fering. If a p the name of	erson to be l the broker o	isted is an as dealer. If m	ission or sime ssociated personer than five er only.	son (5)	√ /A
Full Name (Las	t name first, if in	ndividual)											1 //\
Business or Re	sidence Addres	s (Number and	Street, City, S	tate, Zip Code)								
Name of Assoc	iated Broker or	Dealer											
	n Person Listed k "All States"											Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	[IA] [VV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Las	t name first, if in	ndividual)					1.2						
Business or Re	sidence Addres	s (Number and	Street, City, S	tate, Zip Code)								
Name of Assoc	iated Broker or	Dealer					···			············			
	n Person Listed k "All States"						-					All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[MM] [TU]	[NY] [VT]	[NC] [VA]	[MD] [WA]	[OH] [WV]	[WI]	[OR] [WY]	[PA] [PR]	
Full Name (Las	it name first, if in	ndividual)							-		_		
Business or Re	sidence Addres	s (Number and	Street, City, S	tate, Zip Code)								
Name of Assoc	iated Broker or	Dealer											
	h Person Listed k "All States"											All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME]	(MD) [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt __0 0 \$ 4,025,000 \$ 2,600,000 Equity X_ Preferred (Series) ___ Common Convertible Securities (including warrants)..... 0 Partnership Interests 0 ____)..... 0 Other (Specify ___ \$ 4,025,000 \$_2,600,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their Aggregate Dollar Amount of Purchases Number Investors purchases on the total lines. Enter "0" if answer is "none" or "zero." \$ 2,600,000 Accredited Investors 0 0 Non-accredited Investors N/A N/A Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of Sold Security Type of offering Rule 505..... N/A N/A N/A N/A Regulation A N/A N/A Rule 504..... N/A N/A Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Fransfer Agent's Fees		\$ <u> </u>
Printing and Engraving Costs		\$0
egal Fees	<u>_X</u> _	\$ 45,000
Accounting Fees		\$0
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		\$0
Other Expenses (identify)		\$0
Total	Х	\$ 45,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES A	ND US	E OF PROC	EEDS	
b. Enter the difference between the aggregate offering price given in response to Question 1 and total expenses furnished in response to Part C - Question 4.a. This dithe "adjusted gross proceeds to the issuer."	fference is				\$ 3,980,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or prused for each of the purposes shown. If the amount for any purpose is not know estimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.1	vn, furnish an ed must equal)			
			Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees		ç	\$ 0	•	\$ 0
Purchases of real estate			\$ 0		\$ 0
				_	
Purchase, rental or leasing and installation of machinery and equipment		;	\$0		\$0
Construction or leasing of plant buildings and facilities	***************************************	_ ;	\$		\$
Acquisition of other businesses (including the value of securities involved in thi offering that may be used in exchange for the assets or securities of another	er	,			2 0
issuer pursuant to a merger)		— ;	\$0		\$0
Repayment of indebtedness	************	<u>x</u> \$	\$ <u>1,761,837</u>		\$
Working capital		;	\$0	<u>X</u>	\$ <u>1,811,425</u>
Other (specify): Exchange of issuer's Series C Preferred Stock and warrants to purchase issuer's Series D Preferred Stock		<u>x</u> :	\$ 406,738	· <u> </u>	\$0
		— 3	\$ <u> </u>		\$ <u> </u>
Column Totals		<u>x </u>	\$ <u>2,168,575</u>	<u></u>	\$ 1,811,425
Total Payments Listed (column totals added)			<u>x</u> 9	3,980,0	00_
D. FEDERAL SIGNAT	URE				
The issuer has duly caused this notice to be signed by the undersigned duly au following signature constitutes an undertaking by the issuer to furnish to the U.S quest of its staff, the information furnished by the issuer to any non-accredited investo	S. Securities	and Ex	change Comr	nission, ı	r Rule 505, the upon written re-
ssuer (Print or Type)	Signature			Date	
ECNext, Inc.		-		6/	/05
Name of Signer (Print or Type)	Title of S	Signer (P	rint or Type)		
William Tanner	Chief Fir	nancial C	Officer		
ATTENTION Intentional misstatements or omissions of fact constitute fede	ral crimina	al viola	tions. (See	18 U.S.	C. 1001).